



BOX AF

#140

219 8/1813

PATENT APPLICATION
DOCKET NO.: UMMC91-03A

EXPEDITED PROCEDURE UNDER 37 CFR 1.116
EXAMINING GROUP: 1813

#149
lm
3/1/95

NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

Applicant(s): Harriet L. Robinson, Ellen F. Fynan and Robert G. Webster
Serial No.: 08/009,833 **Group Art Unit:** 1813
Filed: January 27, 1993 **Examiner:** L. Smith
For: IMMUNIZATION BY INOCULATION OF DNA TRANSCRIPTION UNIT

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Honorable Commissioner of Patents and Trademarks, Washington D.C. 20231	
on <u>2-21-95</u>	<u>Elizabeth M. Mahoney</u>
Date	Signature
<u>Elizabeth M. Mahoney</u>	
Typed or printed name of person signing certificate	

RECEIVED
6 1995
GROUP 1800

The Honorable Commissioner of
Patents and Trademarks
Box AF
Washington, D.C. 20231

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated November 18, 1994 of the Primary Examiner finally rejecting claims 1-18.
The item(s) checked below are appropriate:

1. ☐ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated _____ for _____ month(s) from _____ to _____.
2. ☐ A _____ month extension of time to respond to the Office Action Made Final dated _____ was filed on 02/28/95 08009833 with payment of a \$ 140.00 fee.
☐ Applicant hereby petitions for an additional _____ month extension of time to respond to the Office Action Made Final.
3. ☐ An Oral Hearing before the Board of Appeals is respectfully requested.

4. Fees are submitted for the following:

<input type="checkbox"/>	Extension of Time for _____ month(s)	\$ _____
<input type="checkbox"/>	Additional Extension of Time:	
	Fee for Extension (_____ mo.)	\$ _____
	Less fee paid (_____ mo.) -	_____
	Balance of fee due	\$ _____
<input type="checkbox"/>	Oral Hearing	\$ _____
<input checked="" type="checkbox"/>	Notice of Appeal	\$ 140.00
	TOTAL	\$ 140.00

5. The method of payment for the total fees is as follows:

☒ A check in the amount of \$ 140.00 is enclosed.

☐ Please charge Deposit Account No. 08-0380 in the amount of \$ _____.

Please charge Attorney's Deposit Account No. 08-0380 for any additional amounts that may be due in this matter. Three (3) originally signed copies of this Notice of Appeal are enclosed. Two (2) duplicate copies are enclosed for accounting purposes.

Respectfully submitted,

Patricia Granahan
Patricia Granahan
Registration No. 32,227
Attorney for Applicant(s)
Telephone: (617) 861-6240

Lexington, Massachusetts 02173

Dated: February 21, 1995